



SECRETARY OF THE STATE OF CONNECTICUT

APPLICATION FOR CERTIFICATE OF AUTHORITY FOREIGN CORPORATION

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS)

Name: MASUR GRIFFITTS + LLP

Address: 65 READE STREET

SUITE 3A

SUITE 3A

City: NEW YORK

State: NY

Zip: 10007

Country:

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FILED ON 10/11/2018 10:43 AM
SECRETARY OF THE STATE OF CONNECTICUT

1. NAME OF CORPORATION IN ITS STATE OR COUNTRY OF FORMATION:

MINDS, INC.

2. THE CORPORATION'S NAME IS NOT AVAILABLE FOR USE IN CONNECTICUT. THE CORPORATION SHALL, THEREFORE, TRANSACT BUSINESS IN CONNECTICUT UNDER THE FOLLOWING NAME:
(COMPLETE ONLY IF THE NAME OF THE CORPORATION IS NOT AVAILABLE FOR USE IN CONNECTICUT)

3. CHECK EITHER A OR B:

☒ A. THE CORPORATION IS ORGANIZED FOR PROFIT.

☐ B. THE CORPORATION IS NONPROFIT.

4. STATE/COUNTRY OF INCORPORATION:

DELAWARE

5. DATE OF INCORPORATION:

02/11/2011

6. DURATION: (CHECK ONE)

☒ PERPETUAL

☐ OTHER

(SPECIFY)

7. DATE CORPORATION BEGAN TRANSACTING BUSINESS/CONDUCTING AFFAIRS IN CONNECTICUT: (MM/DD/YYYY)

10/11/2018

8. PRINCIPAL OFFICE ADDRESS OF THE CORPORATION:

Address: 2389 MAIN STREET

SUITE 100

City: GLASTONBURY

State: CT

Zip: 06033

Country:

9. MAILING ADDRESS OF THE CORPORATION:

Address: 2389 MAIN STREET

SUITE 100

City: GLASTONBURY

State: CT

Zip: 06033

Country:

10. OFFICERS

NAME / TITLE : WILLIAM OTTMAN / PRESIDENT, SECRETARY

BUSINESS ADDRESS

Address: 2389 MAIN STREET
SUITE 100
City: GLASTONBURY
State: CT **Zip:** 06033
Country:

RESIDENCE ADDRESS

Address: 2389 MAIN STREET
SUITE 100
City: GLASTONBURY
State: CT **Zip:** 06033
Country:

12. APPOINTMENT OF REGISTERED AGENT FOR SERVICE OF PROCESS: (CHECK A OR COMPLETE B)

- ☐ **A.**THE CORPORATION APPOINTS THE SECRETARY OF THE STATE OF CONNECTICUT AND HIS SUCCESSORS IN OFFICE TO BE ITS AGENT UPON WHOM ANY PROCESS, IN ANY ACTION OR PROCEEDING AGAINST IT, MAY BE SERVED
- ☒ **B.**PRINT OR TYPE NAME OF AGENT
REGISTERED AGENTS INC.

BUSINESS ADDRESS (P.O.BOX UNACCEPTABLE)

Address: 2389 MAIN STREET
SUITE 100
City: GLASTONBURY
State: CT **Zip:** 06033
Country:

RESIDENCE ADDRESS (P.O.BOX UNACCEPTABLE)

Address: NONE
City:
State: **Zip:**
Country:

ACCEPTANCE OF APPOINTMENT: [This document has been executed and filed electronically]

BILL HAVRE ASSISTANT SECRETARY

(SIGNATURE OF AGENT)

13. CORPORATION EMAIL ADDRESS: REQUIRED. (If none, must state "NONE".)

BILL@MINDS.COM

14. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT) [This document has been executed and filed electronically]

Dated This 11 **Day Of** October , 2018

NAME OF SIGNATORY
(print/type)

CAPACITY/TITLE OF SIGNATORY
(print name and title if applicable)

SIGNATURE
(required)

WILLIAM OTTMAN

WILLIAM OTTMAN

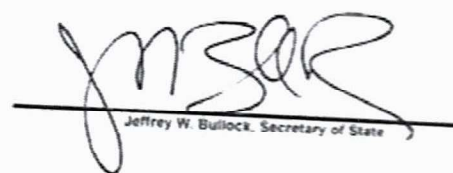
Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MINDS, INC." IS DULY INCORPORATED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2018.




Jeffrey W. Bullock, Secretary of State

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Date: 09-26-18